



DIVISION OF
CAPITAL ASSET
MANAGEMENT &
MAINTENANCE

TRANSACTION APPROVAL FORM 3

- ☒ New Lease ☐ Amendment # _____
☐ License ☐ Short-Term Tenancy Agreement
☐ Authorization to Pay Rent ☐ Other: _____

Office of Leasing & State Office Planning 617-727-8000 x31800

For DCAMM Use

Project Number: 202200000

Facility Code: BP

Project Manager: Peter Woodford

USER AGENCY NAME: Massachusetts State 911 Department		NAME OF OFFICE/FACILITY: Milford	
ADDRESS: 31 Maple Street		ZIP CODE: 01757	
SF: 50,976	STAFF, FTE: 50	SF/FTE: 1.020	RESERVED PKG: 237

1. SUMMARY OF AGREEMENT

TERM: Beginning 11/01/23 (date) for a period of 10 Years (number of years and months)
 and ending 10/31/33 (date)

LANDLORD ☐ Public ☒ Private

Name: Maple Street Milford Industrial, LLC

Mailing Address: c/o Calare Properties, Inc

30 Speen Street

Framingham, Massachusetts, 01701

Vendor Code # (if known):

Contact Person: Albert Manley

Email #: a.manley@calare.com

BASE RENT for This Agreement

RENT PERIOD			RENT		
Year	Begin Date	End Date	Rate/SF	Annual Rent	Monthly Rent
1	11/01/23	10/31/24	\$ 14.21	\$ 724,368.96	\$ 60,364.08
2	11/01/24	10/31/25	\$ 14.21	\$ 724,368.96	\$ 60,364.08
3	11/01/25	10/31/26	\$ 14.21	\$ 724,368.96	\$ 60,364.08
4	11/01/26	10/31/27	\$ 14.21	\$ 724,368.96	\$ 60,364.08
5	11/01/27	10/31/28	\$ 14.21	\$ 724,368.96	\$ 60,364.08
6	11/01/28	10/31/29	\$ 14.21	\$ 724,368.96	\$ 60,364.08
7	11/01/29	10/31/30	\$ 14.21	\$ 724,368.96	\$ 60,364.08
8	11/01/30	10/31/31	\$ 14.21	\$ 724,368.96	\$ 60,364.08
9	11/01/31	10/31/32	\$ 14.21	\$ 724,368.96	\$ 60,364.08
10	11/01/32	10/31/33	\$ 14.21	\$ 724,368.96	\$ 60,364.08
Average					

COSTS NOT INCLUDED IN BASE RENT

Estimated Year 1 Cost	Landlord	Paid To Other
Electricity (Lights & Plugs):		
HVAC:		
Parking:		
Janitorial:		
Escalation:		
One-time payment:		
Other:		
Operating Expenses	\$1,006,266.24	
TOTAL	\$1,006,266.24	
Estimated Yr. 1 Total Occupancy Cost:		\$1,730,635.20
Estimated Yr. 1 Cost/SF:		\$33.95

Notes:

Additional payments of \$5,297,595.00 in accordance with the terms outlined in the Lease Rider. Operating Expenses detailed in Lease Exhibit E

RENTAL ☐ State ☐ Federal ☐ Trust Fund # _____
 ACCOUNT(S): ☐ State ☐ Federal ☐ Trust Fund # _____

2. APPROVALS

USER AGENCY Sufficient funds are included or have been requested in the budget to cover the cost of this agreement.

Authorized Signature

Date

DCAMM

Authorized Signature

Date

Title

Title

User Agency Contact

Telephone #

DCAMM Project Manager

12-6-22

Date

3. CONFIRMATION OF DATE OF OCCUPANCY

USER AGENCY

Date of Agreement

FY

Base Rent for FY

FY

Base Rent for FY

FY

Base Rent for FY

Commencement:

Expiration:

DCAMM

Authorized Signature

Date

Reviewed By

Date